

Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • <a href="https://realizable.com/realizab

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Statements.** This form must be signed by hand where a signature is required.

			CONTRACTOR OF THE PARTY.	100	新发生,是对于一种的
Name of Filing (Committee, Cand	didate, or Lobby	ist		
		Celeste Dee		To the State of th	
Reporting Cycle	Name	· 100 元 (13) (14)			
☐ Cycle 1 6 th Tuesday Pre-Primary	□ Cycle 2 2 nd Friday Pre-Primary	☑ Cycle 330 DayPost Primary	6 th Tu	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Specia	l Election	-	ost-Special Election

Part I – If this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full febort by a contributing lobbyist, the lobbyist must sign here.

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		ON BEHALF OF CANDIDATE	COMMITTE	E 2. LOBBYIST 3.
NAME OF FILING COMMITTEE, Celeste Dee	CANDIDATE OR LOBBYIST			
STREET ADDRESS 305 Pros	pect Ave Unit 311			
Bethlehem		PA	18018	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Bethlehem City Council	DISTRICT NO. PARTY Dem	MO.	DAY YEAR 16 2023
6th tuesday PRE-PRIMARY	MO. DAY YEAR	MO. DAY YEAR	FO	R OFFICE USE ONLY
2. PRE-PRIMARY	DATES OF REPORTING PERIOD 05 01 23	06 05 23		
30 DAY SOST-PRIMARY 3.	CASH BALANCE AT END	\$_0.00		
6TH TUESDAY PRE-ELECTION 4.	OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S			
2ND FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIABILI AT THE END OF REPORTING PER	O.00 S		
30 day Post-election	AMENDMENT YES REPORT?	NO X		
ANNUAL 7. REPORT	TERMINATION YES	NO X		

AFFIDAVIT SECTION

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here. If statement is filed on behalf of a Candidate, the Candidate must sign here. If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here. PARTI-



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure
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www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing	Name of Filing Committee, Candidate, or Lobbyist						
	Ι	Dee for Bethlehem	1				
Reporting Cycle	e Name	Hall Straight					
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	➤ Cycle 3 30 Day Post Primary	6 th Ti	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election		
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Specia	l Election	•	ost-Special Election		

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.



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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

	6/15/23
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Celeste Dee	Bethlehem/PA/USA
Printed Name	Location (City/State/Country)



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identificati Number	ion		Report Filed By Candida (Mark X)			ite			Com	mittee			\times	Lobb	yist			
Name of Filing (Lobbyist	Committee, Car	ndidate or	De	e for	Bethlel	hem												
Street Address			30	5 Pro	spect A	Ave												
City				S	tate	PA			Zip C	ode	1801	8						
Type of Report	(Place x under r	eport type)																
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Pos Primary		3 th Tu e- Elec		5- 2 nd Pre- E	Friday lection		30 Day ction	Post	7- Ar	nnual		ial 2 nd Electio	Friday on		ial 30 -Elect	
	X																	
Date Of Election (MM/DD/YYYY)		05/16/23	Ye	ear		20	23		nendme port	ent			Term Repo	ninatio ort	on			
Summary of Re Expenditures	ceipts and	From Date		Т	o Date	9						For	Office	Use C	nly			
A. Amount Bro	ught Forward F	5/2/23 rom Last Repo	ort	8		/5/2023 2,920.77												
B. Total Monet		ns and Receip	ts	8		250.00												
C. Total Funds A	Available			8														
D. Total Expend (From Schedule	e III)			8	:	2920.00												
E. Ending Cash (Subtract Line I	D from Line C)	and December 1		\$		250.77												
F. Value of In-K (From Schedule	e II)			\$		0.00												
G. Unpaid Debt (From Schedule		ons		\$		0.00												
Part 1- If this is a	Committeero	rt treasurer sign	here.	If this	is a Ca	ndidate i	idavit S report.	candid	ate sign	here.								
I swear (or affirm) that this report	including the a	ttache	d sche	dules o	n paper,	is to th	e best	of my k	nowle	dge and	d belief	true, coi	rrect a	nd compl	ete.		
Swc						N. W.	10											
My																		
Par I sv (or affirm	n) that to the best	t of my knowled	ge and	Delle	tnis po	onnear co	Innance	ए गासक	not vioy			lolono o	rino rigi	c or our	10 0, 1501	(r.L. 10	JJJ, 19	U.UZUJ as
amended																		
		Stre					27504		, j	li princi								

SCHEDULE I Contributions and Receipts Detailed Summary Page

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Filer Identification Number								
	Dee for Bethlehem							
and the contract of the contra						and the second s	and the second reserves as	

1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor			
Total for the reporting period (1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)		\$	250.00
Total for the reporting period (2)	\$	250.00
3. Contributions Over \$ 250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	8	250.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Repulsive Page, Item B)	ort	\$	

PART A **Contributions Received From Political Committees**

\$ 50.01 TO \$ 250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

	Dee for Be	ethlehem		- Control of the Cont	
					Amount
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City Philadelp	nia	State PA	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Cor Committee	ntributing	4200000		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of Cor Committee	ntributing	,		Date [MM/DD/YYYY]	3
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Cor Committee	ntributing	Acceptance (Control	A CONTRACTOR OF THE CONTRACTOR	Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	\$
City	(AARSHSHIII) (FAASSSS	State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of Co Committee	ntributing	r angatanii ilia		Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City	production and the second	State	Zip Code	Date [MM/DD/YYYY]	8

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Springer and the second	
Filer Identification Number:	Dee for Bethlehem

Full Name of Contrib	witor		15000045			Date [MM/DD/YYYY]	8
ruli Ivaine oi Gontric	John Ca	allahan					
						5/17/23	250.00
House #	Street Address					Date [MM/DD/YYYY]	8
		Bierys Brid	dge Ro	t			
City		State	PA	Zip Code		Date [MM/DD/YYYY]	\$
Beth	llehem		PA		18015	THE PARTY NAMED IN THE PARTY NAM	
Full Name of Contrib	outor				And the second s	Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	8
	Ottoot Addi Goo					(Special Control of Co	
		State		Zip Code		Date [MM/DD/YYYY]	\$
GILY		State		Zip ooue		Dute [MIM/DD/1111]	
Full Name of Contrib	Nitor					Date [MM/DD/YYYY]	\$
Full Name of Contin	Jutor						
							Δ.
House #	Street Address					Date [MM/DD/YYYY]	8
City	By Billion and Commission of the State of th	State		Zip Code		Date [MM/DD/YYYY]	8
Full Name of Contri	outor	****			to the second se	Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	8
Oite de la constant d	ing A William III	State		Zip Code		Date [MM/DD/YYYY]	8
City		State		Zip Gode		Date [MM]/DD/11/11]	
Full Name of Contri	Suran I		Name of the last o			Date [MM/DD/YYYY]	8
Full Maine of Contri	Dutoi					Batto [mm/pb/1111]	
11 22	5363.55						
House #	Street Address					Date [MM/DD/YYYY]	8
City		State		Zip Code		Date [MM/DD/YYYY]	S
					1 000		
Full Name of Contri	butor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Date [MM/DD/YYYY]	S
House #	Street Address					Date [MM/DD/YYYY]	8
	100 July 100						
City		State		Zip Code		Date [MM/DD/YYYY]	8
only		olato		Lip Codo			

Contributions Received From Political Committees

Over \$ 250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$ 250.00 in the reporting period.

Filer Identification	Number: Dee for Be	thlehem			
Full Name of Contributing Cor	nmittee			Date [MM/DD/YYYY] \$	
House #	Street Address	3		Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Cor	nmittee		consultinensitä käänlilikkon kirja k	Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address	S S S S S S S S S S S S S S S S S S S		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address	S S		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee		1 co. el 2000 e 2000 de 2000 d	Date [MM/DD/YYYY] 8	
House #	Street Address	S		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee		1900年1900年1900年1900年1900年1	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

All Other Contributions

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$ 250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Dee for Bethlehem

Full Name of Contribu	utor	St.		Date [MM/DD/YYYY] §
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Assessed History or PRINCIPAL STATES	Programment and the control of the c	Occupation
Employer Mailing Ad Principal Place of Bus	dress / siness			James Louis of State Americans
Full Name of Contrib	utor	S		Date [MM/DD/YYYY] \$
				411
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] §
Employer Name				Occupation
Employer Mailing Ad Principal Place of Bus				
Full Name of Contrib	Advingo@cococococococococococococococococococ			Date [MM/DD/YYYY] \$
#80023802290447834798CC00370C1163624100C00370-004	Advingo@cococococococococococococococococococ			Date [MM/DD/YYYY] \$
#80023802290447834798CC00370C1163624100C00370-004	Advingo@cococococococococococococococococococ			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Full Name of Contrib	utor			
Full Name of Contrib	utor	State	Zip Code	
Full Name of Contrib House # City	utor	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Full Name of Contrib House #	utor	State	Zip Code	Date [MM/DD/YYYY] 8
Full Name of Contrib House # City Employer Name Employer Mailing Ac	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Full Name of Contrib House # City Employer Name	Street Address Idress / siness	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Full Name of Contrib House # City Employer Name Employer Mailing Ac Principal Place of Bu	Street Address Idress / siness	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation
Full Name of Contrib House # City Employer Name Employer Mailing Ac Principal Place of Bu	Street Address Idress / siness	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation
Full Name of Contrib House # City Employer Name Employer Mailing Ac Principal Place of Bu Full Name of Contrib	Street Address Iddress / siness Sutor	State	Zip Code	Date [MM/DD/YYYY]
Full Name of Contrib House # City Employer Name Employer Mailing Ac Principal Place of Bu Full Name of Contrib	Street Address Iddress / siness Sutor	State	Zip Code	Date [MM/DD/YYYY]
Full Name of Contrib House # City Employer Name Employer Mailing Ac Principal Place of Bu Full Name of Contrib House #	Street Address Iddress / siness Sutor			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Full Name of Contrib House # City Employer Name Employer Mailing Ac Principal Place of Bu Full Name of Contrib House #	Street Address Iddress / siness Sutor			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Full Name of Contrib House # City Employer Name Employer Mailing Ac Principal Place of Bu Full Name of Contrib House #	Street Address ddress / siness outor Street Address			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Numb	ber:			
Enlave				
Full Name				
House #	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description				(2000)
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				INSTITUTE
Full Name				
House #	Street Address			·
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Jacobs Section (Section)	\$890E
Full Name			2000	
House #	Street Address			A SHARA SHAR
City	and an anticonstruction of the second of the	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
UNITEMIZED IN-KIND CONTRIBUTION	ONS RECEIVED-VALUE OF \$ 50	0.00	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	8	
		ll	
2. IN-KIND CONTRIBUTIONS RECEIVED	-VALUE OF \$50.01 TO \$250.	00 (FF	ROM PART F)
TOTAL for the reporting period	(2)	\$	
		1	
3. IN-KIND CONTRIBUTION RECEIVED-	VALUE OVER \$ 250.00 (FRON	1 PAR	T G)
TOTAL for the reporting period	(3)	\$	
		J	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS D PERIOD (Add and enter amount totals from b		8	
on Page 1, Report Cover Page, Item F)	•		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	(Number:				المراد
				Data IMM/DD (WOO)	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
1,0000 #	on ear Audiess				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of (Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
Hayes #1				Date [MM/DD/YYYY] \$	
House #	Street Address			Pate [MINI/DD/11111]	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of (Contribution	and the Standard Country of the Coun	Turning and State Control of the Con		
Full Name of Co	ontributor	mentan para (S)	A	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] §	
Description of (Contribution			[RESOURCE]	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] §	
Oib.		Ctoto	7in Codo	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of	Contribution			I George Control of the Control of t	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	******
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of	Contribution				
Description of	oontiibutioli				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification	n Number:			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	00			Date [MM/DD/YYYY] \$
110436#	Street Address			Pare [mai/PDI-11111]
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	В			Occupation
Employer Mailii	ing Address / Principal			Description
Place of Busines	ISS.			of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
		_		
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
				On the state of th
Employer Name				Occupation
Employer Maili Place of Busine	ing Address / Principal ess			Description of
				Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	16			Occupation
	ling Address / Principal			Description
Place of Busine	ess in the second se			of Contribution
Full Name of Co	ontributor	et i ette er ververe engly e		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
	51,501 Aud 533			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	10			Occupation
Employer Maili	ling Address / Principal			Description
Place of Busine				of Contribution

Statement of Expenditures

	The state of the s	e no nazivo de la Maria de desprendire	 aparenty of the control of the control	and the second second second second second	to an income of the contract o	the compact of the second of t
Filer Identification Number:	Dee for Bethlehe	em				

To Whom Paid						Date [MM/DD/YYYY] \$	
	Lehigh Valley Print Center					5/6/23	1825.00
House # 1701	Street Address Union Blvd				Description of Expenditure		
City Allentown		State	PA	Zip Code	18109	Campaign Material Printing 8	k post card postage
To Whom Paid	Robodial	er e	Sphretonid Species and a	annigen og en	te die medically Abrah Spatian er der obsi	Date [MM/DD/YYYY] \$	
						5/13/23	75.00
House #	Street Address					Description of Expenditure	
City		State		Zip Code		GOTV Robo Calls	
To Whom Paid	The Page 1	and a site of the second section			the substitute of the substitu	Date [MM/DD/YYYY] 8	
	Wawa					5/9/23	73.00
House #	Street Address 8t	h Ave				Description of Expenditure	
City Bethlehem		State	PA	Zip Code	18018	GAS	
To Whom Paid						Date [MM/DD/YYYY] §	
	Bailey Singhas					5/18/23	550.00
House # 305	Street Address Pi	ospect Ave				Description of Expenditure	
City Bethlehem		State F	PA	Zip Code	18018	Sign Placement, Lit drops &	poll workers
To Whom Paid						Date [MM/DD/YYYY] \$	
	Caman Club					Pato [mm/DD/1111] V	
	Sams Club					5/13/23	327.00
House #		Airport R	d				327.00
	Street Address	Airport Ro	d PA	Zip Code	18104	5/13/23	
House #	Street Address	State			18104	5/13/23 Description of Expenditure Water/Snacks and Ele Date [MM/DD/YYYY] \$	ection Night Party
House #	Street Address				18104	5/13/23 Description of Expenditure Water/Snacks and Ele Date [MM/DD/YYYY] \$ 5/16/23	ection Night Party 70.00
House # Allent To Whom Paid House #	Street Address	State Wawa 8th Av	PA	Code	18104	5/13/23 Description of Expenditure Water/Snacks and Ele Date [MM/DD/YYYY] \$	ection Night Party 70.00
House #	Street Address OWN Street Address	State Wawa	PA		18104 18018	5/13/23 Description of Expenditure Water/Snacks and Ele Date [MM/DD/YYYY] \$ 5/16/23	ection Night Party 70.00
House # City Allent To Whom Paid House #	Street Address OWN Street Address	State Wawa 8th Av	PA e	Code		5/13/23 Description of Expenditure Water/Snacks and Ele Date [MM/DD/YYYY] \$ 5/16/23 Description of Expenditure	ection Night Party 70.00
House # City Allent To Whom Paid House # City Bethle	Street Address OWN Street Address	State Wawa 8th Av	PA e	Code		5/13/23 Description of Expenditure Water/Snacks and Ele Date [MM/DD/YYYY] \$ 5/16/23 Description of Expenditure Gas	ection Night Party 70.00
House # City Allent To Whom Paid House # City Bethle To Whom Paid	Street Address OWN Street Address hem	State Wawa 8th Av	PA e	Code		5/13/23 Description of Expenditure Water/Snacks and Ele Date [MM/DD/YYYY] \$ 5/16/23 Description of Expenditure Gas Date [MM/DD/YYYY] \$	ection Night Party 70.00
House # City Allent To Whom Paid House # City Bethle To Whom Paid House #	Street Address OWN Street Address hem	State Wawa 8th Av	PA e	Zip Code		5/13/23 Description of Expenditure Water/Snacks and Ele Date [MM/DD/YYYY] \$ 5/16/23 Description of Expenditure Gas Date [MM/DD/YYYY] \$	ection Night Party 70.00
House # City Allent To Whom Paid House # City Bethle To Whom Paid House # City City	Street Address OWN Street Address hem	State Wawa 8th Av	PA e	Zip Code		5/13/23 Description of Expenditure Water/Snacks and Ele Date [MM/DD/YYYY] \$ 5/16/23 Description of Expenditure Gas Date [MM/DD/YYYY] \$ Description of Expenditure	70.00

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

	The second secon	ots and obligations which are outstanding at the end of the reporting period.
Filer Identification	Number: Dee for Bethlehem	
		The Annual Control of the Control of Control
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED 8
	on cer Address	[MM/DD/YYYY]
City		State Zip
		Code
Description of De	ebt	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
	otrocraudiess	[MM/DD/YYYY]
		•
City		State Zip
Table 1		Code
Description of De	ebt	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	
110036 #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
		[11111/05/1111]
City		State Zip
Oity		State Zip Code
Description of De	ebt	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
		[MM/DD/YYYY]
City		State Zip
D - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Code
Description of De	DL	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED 8
		[MM/DD/YYYY]
City		State Zip
Description of De	Ter	Code
Description of De		
News of 0		
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED §
		[MM/DD/YYYY]
1. p(*)		
City	-	State Zip
Description of De		Code
L Description of the		